| Victorian State Government Department of Education and Training logo |
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| Second Year Statement |

***This form is to be completed by Early Childhood teachers***

The *Second Year Statement* summarises your child’s abilities, identifies their interests and indicates how they can be supported to continue their learning journey.

The statement comprises four sections. **Sections 2, 3 and 4 should only be completed if your child will attend another early childhood education and care service or will have a different teacher in their second year of funded kindergarten.**

* Sections 1 and 2 – to be completed by your child’s current early childhood teacher
* Section 3 – to be completed by you (parent/guardian)
* Section 4 – to be completed with your child by an adult they know and feel comfortable with.

You will receive a copy of the full statement.

Please read the information your child’s early childhood educator has provided in Section 1 (and Section 2 if applicable). The information that the early childhood educator has written about your child is a professional evaluation of your child’s learning and development, however, if you have any concerns please discuss these with the educator.

All information in this statement will be retained by the early childhood service in accordance with Victorian privacy laws. You can request access to this information at any time and request corrections if required.

The *Second Year Statement* aligns with the information required in the *Transition Learning and Development Statement*. The *Second Year Statement* is developed to provide valuable information to help identify how children can best be supported as they transition into a second year of kindergarten.

Refer to the Department of Education and Training website for more information about *Transition Learning and Development Statements:* [Transition Learning and Development Statement](http://www.education.vic.gov.au/childhood/professionals/learning/Pages/transitionstat.aspx)

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| In the event that your child undertakes a second year of kindergarten at another service or with another teacher do you consent to the early childhood teacher providing a copy to the new service or new teacher and discussing the information in this statement with your child’s new early childhood teacher? | [ ]  Yes [ ]  No |
| In the event that you decide to send your child to school next year, do you consent to the early childhood teacher transferring the information in this statement to your child’s *Transition Learning and Development Statement*? | [ ]  Yes [ ]  No |
| Name of parent/guardian:  |       |
| Signature of parent/guardian: |  |
| Date:  |    /    /      |

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| **Section 1:** **The Teacher**To be completed by the child’s early childhood teacher |

This section is to be completed by the child’s early childhood teacher, in collaboration with the child’s parent/guardian.

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| **Early childhood service contact details** |
| Name of service (where child is currently accessing a funded kindergarten program): |       |
| Address of service: |       |
| Service approval number: | SE-      |
| Name of teacher completing this statement:  |       |
| Phone:  |       |
| Email: |        |
| Date statement was prepared:  |    /      /      |

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| **Child’s details** |
| Child’s first name:  |       |
| Child’s surname:  |       |
| Child’s date of birth: |    /    /      | [ ]  Male | [ ]  Female |
| Name of the early childhood service where the child will attend for a second year (where known): |       |

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| **Parent/guardian contact details** |
| Name:  |       |
| Relationship to child:  |       |
| Phone:  |       |
| Email:  |        |

**Learning and Development Outcomes**

Early childhood teachers should refer to the guidelines for completing this statement in the *Transition: A Positive Start to School Resource Kit*. Teachers may also find it useful to refer to the *Victorian Early Years Learning and Development Framework* (VEYLDF) for a description of the five outcomes and the *Strength-based approach: A guide to writing Transition Learning and Development Statements*.

Resources available at: www.education.vic.gov.au/transitiontoschool

The section below references the child’s learning and development outcomes. This section should support the child’s continuity of learning as they transition to a second year of funded kindergarten. Specific intentional teaching strategies that take into account the child’s skills, capabilities and learning dispositions should be written to inform future planning and preparation.

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| **Learning and Development Outcome** | **Intentional teaching and learning strategies for continuity of learning and development** |
| **IDENTITY – The child's sense of identity** |       |
| **COMMUNITY – The child’s connection with and contribution to their world** |       |
| **WELLBEING – The child's sense of wellbeing** |       |
| **LEARNING – The child’s confidence and involvement in learning** |       |
| **COMMUNICATION – The child's communication** |       |
| **The child's interests**      |
| **Additional information – (optional)** |

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| **Section 2: The Teacher**To be completed by the current teacher only if the child will be taught by another teacher or attend another service in their second year of funded kindergarten |

**The context of the early years setting**

Please describe the:

* philosophy of the learning environment
* description of program delivery (e.g. the key experiences that the kindergarten program offers, the sessions that this child attends, average number of children in a session, part of long day care program). This should include any remote learning delivery that occurred during 2020, and information about the level of engagement of the child in what was offered.
* attendance history of the child

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**Specific information**

Please include any relevant information about the child and their family that may impact on this child’s continuity of learning. For example: any significant health concerns, allergies, history; language/s spoken at home (including if appropriate Auslan, Aboriginal language); any significant family circumstances, specific positive learning relationships, any disclosed/diagnosed disability or developmental delay.

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**Reports/plans available**

List of reports or plans that are relevant and useful to support the child’s transition and inclusion to a second year of funded kindergarten (e.g. Early ABLES report, diagnosing psychologist/medical report etc.).

| **Report name** | **Date of report** |
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|       |    /    /      |
|       |    /    /      |
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| **Section 3: The Family**To be completed by the child’s Parent/Guardian only if the child will attend another early childhood education and care service or will have a different teacher in their second year of funded kindergarten |

*Some families may benefit from an educator taking time to help fill in this section.*

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| Name of person filling in this form |       |
| Relationship to the child |       |
| What is your preferred language? |       |
| Is your child Aboriginal and/or Torres Strait Islander? | [ ]  Yes [ ]  No |

Parent/guardians and family are the child’s first and most enduring teachers, and as such, your contributions are important in helping to support your child’s learning and development. Please take some time to respond to the some or all of the questions below.

**What are your hopes, wishes or goals for your child in his/her second year of kindergarten?** (For example: making friends, being happy, learning more about numbers, letters etc.)

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|       |

How do you think your child will settle into the second year of kindergarten? How can the teacher help?

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**Currently, my child is interested in…**

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**Overall, I believe my child responds and learns best when…** *(e.g. humour works well, small group activities , showing as well as giving instructions, etc.)*

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**Is there anything else you would like your child’s new kindergarten teacher to know about your child?**

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**Early childhood professional services details**

Please provide the details of any professionals that are supporting your child’s learning and development in addition to their early childhood educator. This may include allied health professionals (e.g. speech pathologist, occupational therapist, preschool field officer, early childhood intervention, psychologist, physiotherapist, audiologist, social worker or other support service).

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| Name of service:  |       |
| Address: |       |
| Contact person:  |       |
| Position: |       |
| Phone:  |       |
| Email:  |       |
| Written report available: | [ ]  Yes [ ]  No |
| Name of service:  |       |
| Address: |       |
| Contact person:  |       |
| Position: |       |
| Phone:  |       |
| Email:  |       |
| Written report available: | [ ]  Yes [ ]  No |
| Name of service:  |       |
| Address: |       |
| Contact person:  |       |
| Position: |       |
| Phone:  |       |
| Email:  |       |
| Written report available: | [ ]  Yes [ ]  No |
| Name of service:  |       |
| Address: |       |
| Contact person:  |       |
| Position: |       |
| Phone:  |       |
| Email:  |       |
| Written report available: | [ ]  Yes [ ]  No |

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| **Section 4**: **The Child**To be completed only if the child will attend another early childhood education and care service or will have a different teacher in their second year of funded kindergarten |

This section should be completed with the child by a parent or someone they know and feel comfortable with. It should reflect the child’s feelings and perspectives (a child may elect to draw, write or offer responses to the prompts below).

To maximise the use of this resource Early Childhood educators and /or families assisting the child to complete this section should ensure the child feels comfortable and is not rushed or pressured into answering each of these questions. If the child resists try again later or opt out of this section.

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| Name of the person assisting the child to complete this section: |       |
| Relationship to the child: |       |
| What is your favourite thing to do at home?What is your favourite thing to do at kindergarten?  |       |
| Can you tell me what you are really good at? |       |
| Sometimes I might need help with:  |       |
| What would you like to know more about at kindergarten/child care: |       |